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## **A PANDORA'S BOX: Creative practice in the becoming of 'cognitive impairment'**

Can the creative arts assist designers to understand cognitive impairment or mental illness? This paper explores a means to understand the experience of mental illness and the potential role of interiors in these experiences. First, I will consider the intersection between creative arts and cognitive impairment or mental illness from the position of an Outsider/Designer. In order to reveal the potential of this hybrid way of seeing, three modes of creative practice—painting, film and video—are reviewed as means to capture cognitive impairment through visual representation and enquiry via two-dimensional, three-dimensional and four-dimensional works where time and motion become part of the works. Through bringing these creative representations together, flickers of insight emerge which may develop an Outsider's understanding of this concept—cognitive impairment—and of the day-to-day experiences for those who think and experience reality differently. These in turn may inform future design processes in this field. As an Outsider, the designer-researcher without cognitive impairment needs a variety of ways to access insights that align with an Insider's understandings.

Bricolage is a mode of inquiry that is appropriate to explore cognitive impairment and the Pandora's box that we open when we seek to design interior spaces that are responsive, sensitive, and at best, healing. A bricoleur is 'a maker of patchwork, a weaver of stories'.<sup>i</sup> The stories patched together narrate how ideas of mental illness and cognitive impairment have evolved, and open up speculation about the Insider-perspective. The value of dialogue with people with cognitive impairment is obvious; however, common discourse tends to re-present the familiar, and is heard or filtered through similar or dominant belief systems. The value of the creative arts is that different media can assist both the person relating and the person interpreting to move beyond such pre-existing 'tales', to reveal new ways of understanding—those that are not often expressed or that cannot be expressed through words. Such approaches underpin transpersonal theories and therapies,<sup>ii</sup> and form the theoretical basis of art therapy.<sup>iii</sup>

The marriage of the bricoleur with the creative arts practitioners has potential benefits. The bricoleur's method is an 'emergent construction...[that] provides the researcher with the opportunity to explore a more open, expansive terrain, to interpret and reinterpret data across the different textual and visual forms'.<sup>iv</sup> This approach positions me as the Outsider in conversation with this phenomenon of cognitive impairment, and indirectly, with those who are inside this reality. In the bricolage, many interdependent parts at any one point constitute the whole; although, each unique component may act as a renegade and create uncertainty. Often connections between the parts (e.g. stories) are not necessarily self-evident, and once the understanding of one aspect becomes unstable, there is a ripple effect impacting on others. This applies to the complexity of the relationships between people with cognitive impairment, often termed mental illness, and the way they live or depict their relation with the interior. The creative arts enable new ways of seeing an established phenomenon, and thus reinforce or challenge the findings of medical models, social science studies, and the like.

The meta-text, in which embedded texts (visual, audio-visual and literary) challenge, inform and enhance each other's meaning, has at its heart a digital mapping system that acts as a guiding link that provides alternative interpretive angles and mediating possibilities...[; and] assembles a theoretical montage through which meaning is constructed and conveyed

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according to a narrative ethic that is neither naïvely humanistic, nor romantically impulsive....<sup>v</sup>

This study finds, by putting differing practices together, that a critical aspect is missing from the design process—that is, a way of knowing cognitive impairment. It reveals that a particular process which involves the person with cognitive impairment is required to generate a sensitive and informed brief, and to create meaningful solutions. Creative arts are posited as a means to achieve this end. These insights will be described following an overview of the fragments collected by the bricoleur.

## Setting Out

Investigations into cognitive impairment resemble a Pandora's Box: the tale of opening something that is hidden away and traditionally is not touched or spoken of, only to find that many disturbing issues and stories are revealed in the history and context of contemporary mental health. Once revealed, these stories cannot be put back 'into the box'. Emergent findings are not claimed to be definitive; the aim is simply to open the box, with the hope that the disruption releases new insights, and in the long term, adds to a greater understanding by designers (and others) of how people with a cognitive impairment experience the built environment. Once the box is opened, people may feel uncomfortable or afraid, fascinated or voyeuristic, while others may be empathetic and caring; many of us have had first-hand experience of mental health issues. But along with disturbing realisations, hope is released. Hope inspires and accompanies understanding and a holistic approach to people with cognitive impairment, in a re-conceptualisation of what it may mean to have a cognitive impairment. We need to reconsider the dualities of inner person/external person, inner space/external space and the meanings embodied in such distinctions. The intervals between being cognitively enhanced and cognitively impaired can be envisaged along a continuum or as part of an interconnected field, in which we all may be situated.

To begin this enquiry, the literature was reviewed for current discussions of creative practice and cognitive impairment or mental illness. As interior architecture is a form of creative practice, the discipline can contribute to this discourse. A common theme is the connection between art practice and the empowerment of the individual personally and within society.<sup>vi</sup> How can the creative arts contribute to this discourse, and how may design facilitate the lives of those with cognitive impairment to their full (and desired) potential? Typically, the designer and user are envisaged as distinct—the designer being the expert, and the user, the person who will occupy the interior environment. The designer brings his/her creative skills to envisage and realise an appropriate space for a user with cognitive impairment. However, mental illness makes many people nervous or uneasy, and when we discuss the complexity of conditions and experiences of those with impaired cognitive processes, issues of political correctness can arise.

As a designer and educator, I am involved in the creation of environments for people either directly in my practice, or indirectly through my students. Therefore, as part of a society where the number of people with some form of cognitive impairment is on the increase, and has reached a point where it has become a national priority,<sup>vii</sup> the need to be cognisant of these issues is ever increasing. Through my professional life I have been asked to engage in projects in this field, and it has become evident that there is a growing yet limited knowledge about this complex relationship between design and people with cognitive impairment.

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How is madness, insanity, or the contemporary constructs of cognitive impairment, understood? I sought to understand how others had depicted these constructs and to interrogate the commonality and difference—to allow ideas to emerge from these tensions. When I began this enquiry, I was struck by Foucault's clarity in identifying that mental illness (which he calls Madness) did not exist as a construct until it was so named.<sup>viii</sup> From that naming, people who become categorised as 'mad' needed to be attended to, secured, chaperoned or housed accordingly. Historically, this involved the disciplines of landscape architecture, architecture, and interior design, as environmental settings were designed to protect the insane and/or to protect others, or in some instances, to enable relatives to avoid shame through association.<sup>ix</sup>

A review of the history of the design of environments reveals examples that encapsulate social and moral beliefs and understandings. For example, asylums based on a model of animality emphasised two aspects. Firstly, safety: 'security system against the violence of the insane and explosion of fury'.<sup>x</sup> Secondly, besides being bestial and therefore potentially dangerous, the residents were not seen as being people with illness: therefore there was no need to protect them, and they had no need to be covered or warmed.<sup>xi</sup> Places like La Salpêtrière at the end of the 18<sup>th</sup> century and the Hospital of Nantes, are described as having long corridors, separation of keepers and residents, cell doors with bars or small openings, multiple locks and bolts, chains, grated floors, straw to sleep on, and/or food delivered via slots or through barred divisions.<sup>xii</sup> In contrast, by the time facilities became Retreats, the understanding of mental illness and the person had altered. In these institutions located in rural settings, attention was given to fresh air, adequate drainage, and suitable surface finishes, as well as zoning to differentiate between degrees of curability; this showed a recognition that there was a pathway to release. Security was reduced and people became more responsible for their own wellbeing. Images of large buildings in rural landscapes are provided as examples.<sup>xiii</sup> Surveillance, however, can be built into a place by careful planning. One strategy is the panopticon created by Jeremy Bentham and critiqued by Foucault; originally proposed for prisons,

... no prisoner could ever see the 'inspector' who conducted surveillance from the privileged central location within the radial configuration. The prisoner could never know when he was being surveilled—mental uncertainty that in itself would prove to be a crucial instrument of discipline. ...[T]his architectural apparatus should be a machine for creating and sustaining a power relation independent of the person who exercises it; in short, that the inmates should be caught up in a power situation of which they are themselves the bearers.<sup>xiv</sup>

There was a time during which people with mental illness were seen as members of society and often seen as sources of wisdom or of religious significance. Then, as the illness came to be seen as a deficiency or a danger because these people were unable to engage in mainstream society in a way that most people do, facilities evolved. The era of the great confinement, the birth of the asylum, and the restorative environmental solutions evolved. Therefore, how the interior design manifests tells us something of 'the condition' within its context. Can other creative practices also serve to inform us as well?

In the following discussion, a bricoleur gathers insights by collecting potential 'gems' and allowing them to speak of the issues. The connections between them may open new ways of thinking and understanding cognitive impairment for the Outsider. The fields of painting, film and video are assembled together with interior design in this bricolage to create new becomings, wherein different realities interact and are changed by the engagement.

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## What's in the Bricoleur's Basket?

Although as a bricoleur I have many opportunities to encounter, discover and select insights, only a few are included to demonstrate how such fragments can collectively build knowledge directly or indirectly by the questions that are stimulated. When I shift my way of thinking about the issue, my ability to understand grows.<sup>xv</sup>

The first fragment involves the act of painting and recollects a Rothko exhibition in 1999 at the Musée d'Art Moderne de la Ville de Paris. The life of Rothko was captured through the body of this work and the exhibition was curated so that the evolution of colour and space climaxed in the final gallery in large works of deep, dark colours and black. The heaviness of these emotive qualities, I recall, intensified on reading the description of Rothko's life, for at this time his life was masked by depression. Such creative works offered a way of sensing—and perhaps empathising—with the artist. In this case, the mental health of the creator was reflected through the mood of the work. Standing in the final gallery surrounded by the large sombre paintings of Rothko—especially in contrast to the previous colourful abstractions—I felt (but did not know) aspects of one person's experience of life during or approaching depression which were not captured via the accompanying text.

Rothko's work captured the spatial quality of colour; its ability to move, to respond to adjacent hues, to move toward or away within the picture plane and in relation to the observer. Depth, width and the sense of expansiveness are created through the relationship with the viewer, not as an interior physically contained, but rather as interiority—an ephemeral phenomenon. Is it possible to recognise mental illness through art? Rao and Keshavan showed that psychiatrists could identify the works that Gauguin, Munch, van Gogh, and Rothko completed before the onset of their bipolar disorder, while laypersons can also if an artists' works are presented in sets.<sup>xvi</sup> Similarly, Ritter (2009) found non-experts could judge pre-suicidal artists' paintings as indicating serious mental health issues.<sup>xvii</sup> What, then, is the relationship between the viewer and what the artist with cognitive impairment may be feeling?

...'You think my paintings are calm, like windows in some cathedral?' Rothko supposedly said. 'You should look again. I'm the most violent of all the American painters. Behind those colours there hides the final cataclysm.'<sup>xviii</sup>

The second fragment also involves fine art as creative practice—Brett Whiteley's drawings and paintings. Whiteley was renowned for a life of artistic brilliance, and at times, for substance abuse. Reportedly, Whiteley created while under the influence of alcohol and numerous hard drugs. His complex paintings provide alternative ways to see our everyday surroundings. His style has enticed me since my years at university to consider how the mind and matter are bound through creative practice.

So I drank more and smoked more, hoping if I felt Hell and could report it up...But alas, I just got unhappier and unhealthier until physical and mental fatigue forced me...to abandon work...'. He floated on that unstable stream that meanders between depression and exaltation. He was drinking heavily, drugging heavily, and indulging in... even more disruptive pastimes. He was on one level consciously deranging himself for the task ahead...<sup>xix</sup>

His line work, sensuous forms, distorted perspectives, and multiple, layered viewpoints give insights into a fractured yet identifiable day of living within our world. Space is not ordered but

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enmeshed with the ambiguity of line, form, colour, texture, symbols that needs to be navigated to locate any meanings, to engage with them through interpretation, or simply to experience the work in its immediacy. The reader should not consider such observations as part of a critique of Whiteley's work, but rather, the viewer-experience captures aspects of how a mind in an un-normal state may yield both chaos and clarity simultaneously, depending on how reality is judged. It offers a trajectory toward insight. Zanoletti's analysis of the triptych *Art, Life and Other Thing[s]* (and Whiteley's writings about it) reveals how the artwork can capture the embedded symbolic qualities of the artist's life.<sup>xx</sup> For example: Panel 1 exert.<sup>xxi</sup>

*Personification* | *Personificazione*: giving human qualities to animals or objects. The baboon stands for Whiteley (replaced by the figure of the painter in panels 2 and 3), and also embodies the painter's addiction which, he feels, turns him into a monkey.

*Emphasis* | *Enfasi*: the prominence given to a syllable, word, or words, as by raising the voice or printing in italic type. White paint and the monkey's wide-open jaws exaggerate the tragedy (drug addiction) which is already quite dramatic in itself.

*Anaphora* | *Anafora*: the repetition of the same word or group of words at the beginning of several consecutive sentences or verses to emphasize an image or a concept. The repetition of painted hands emphasizes the obsessive ritual of drug-injecting. It also parodies the cliché of the painter's creative presence featuring in numerous paintings by Whiteley.

Realistic lithographs, depicted in various texts relating to mental health, constitute the third fragment. Hogarth's collection of lithographs<sup>xxiii</sup> depict people in lifelike settings. Unlike Rothko or Whiteley, these artists deliberately comment on the lives of other people who have mental illness; theorists, when outlining the history of mental health, often include such images. The literal and symbolic gestures captured by the artists are amplified. In some cases, the people were depicted as equivalent to animals or as sub-human. Artists, such as Teniers, conveyed 'the mentally ill' as having ailments that needed to be cast or cut out of them.<sup>xxiii</sup> Therefore, the body in this instance is depicted as a vessel that houses ailments and/or demons—the bodies are containers of the condition. The viewer is not invited to share the experience but rather to recognise the 'facts of the matter'. I found that the images challenged the rules of human decency towards others, but gave no real understanding of what the insider's perspective was or is. Without the text, the image is an objectified account to inform the viewer. The symbols—for example, wainscoting on fire representing pending insanity in Hogarth's *Rake's Progression Series*<sup>xxiv</sup>—are extracted once the viewer is also educated in the embedded language of the artist and his cohort.

This bricoleur's basket includes fragments from other modes of creative practice. Many films dealing with mental health are limited in their educative value by society's interpretation that they accurately represent the experience of having a mental illness or cognitive impairment.<sup>xxv</sup> In contrast, others are successful: for example, *A Beautiful Mind*, *Girl Interrupted* and *As good as it gets*.<sup>xxvi</sup> My fragment includes those attracting mixed reactions: *One Flew Over the Cuckoo's Nest*, *Psycho* and *Iris*. Films influence the development of tacit knowledge, and thereby, influence assumptions and the willingness to question societal norms, regardless of their accuracy in regard to mental health. The role of the environment, including the interior, is an active one. For example in *One Flew Over the Cuckoo's Nest*, it is the interior backdrop that reinforces the stereotypical institutional care model. The residents become patients in isolation—an environmental container. Long corridors, security doors, white or limited colour palettes, wired mesh dividers and the like all add to the way that the patients are perceived by the movie viewers. They are positioned physically and conceptually by the design of the facilities. The film is deemed as medically inaccurate, however, it does stimulate questioning:

The ominous etiology of mental disorder as portrayed in films is that in which the psychiatric establishment classifies “normal” but eccentric people as mentally ill and then seeks, through therapy to make them conform to that definition, thus causing them to lose their individuality and creativity, as in *A Fine Madness* (1966), or their freedom and, ultimately, their lives, as in *One Flew Over the Cuckoo's Nest* (1975).<sup>xxvii</sup>

The second filmic fragment is Alfred Hitchcock's *Psycho*, where most of the action occurs externally to an isolated hotel and home belonging to the man with a mental illness, who is a psychotic murderer, and his phantom mother. Eventually, we (as the viewers) are invited into the hotel—the private backroom; into the house's lobby, the upstairs room and the lower sanctum of the owner. The original house on the hill is an iconic representation of the removal of the danger of ‘the mad’ from mainstream society discussed early by Porter.<sup>xxviii</sup> As the female character enters the house, she is placed in danger, and as we, viewer-voyeurs, are moved up the stairs or to the basement our spatial feelings are stirred. As Abercrombie relates:

Bachelard points out in a way that effectively characterises them, we always go down the stairs that lead to the cellar; it is the going down that we remember vividly, not the returning; and similarly, we always go up the attic stairs, which are steeper and more primitive. For they bear the mark of ascension to a more tranquil solitude. When I return to dream in attics of yesteryear, I never go down again...<sup>xxix</sup>

This unnerving sensation emphasises how the interior design, as part of events, can reinforce emotive constructs in association with the spatial dimension. The movie shows how life's circumstances can change the ability of people to cope, and how delusion can change how a person perceives and responds to their everyday world. It also shows how the environment can reinforce the illusion, the experience, and the way events are acted out. In criticism of the film's depiction of mental illness, Byrne states:

Alfred Hitchcock's *Psycho* perpetuates the myth of schizophrenia being a problem of ‘split personality;’<sup>xxx</sup> The alter ego of Norman Bates, the mild-mannered proprietor of an out-of-the-way motel, dons his murdered mother's clothes before killing young women to whom he is attracted. By the end of the film, the clinical picture turns to one of catatonic schizophrenia, Norman being “taken over” by his mother's spirit. The tour de force of the film is the psychodynamic formulation presented by the psychiatrist, ... [and] reflects Freudian psychodynamic theory gone amok.<sup>xxxi</sup>

Hitchcock's translation of the psychopath plays to many stereotypes.<sup>xxxii</sup> Depicted as predator, displaying abnormal normality, extreme discipline without compassion, a maternal super-ego (monoism) and psychic masochism, the murderer—as Robert Genter explains—represented many beliefs of the time when political and sexual deviance in society were to be suppressed.<sup>xxxiii</sup> The film, as a creative piece, captured a cultural milieu—and the designed environmental setting was manipulated to communicate the necessary attributes and associations. For example, Cynthia Erb highlights how the final setting is minimal—bare wall, barred window with Norman wrapped in a blanket (connotating straitjacket)... ‘imaging the insane found in exposés.’<sup>xxxiv</sup> In this image, Hitchcock demonstrated his realisation ‘that rendering psychosis required the strategic use of realist effects’.<sup>xxxv</sup>

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In contrast to the previous examples from film, *Iris*, the next filmic fragment, depicts the onset and progression of amnesia in Alzheimer's disease, and is based on John Bayley's memoir of his wife's life.<sup>xxxvi</sup> The set is largely the home of two academics, who experience the impact of dementia on Iris and John. I saw this home and its decoration as a metaphor for the disarray of the mind, as Iris's ability to order information in a way suitable for mainstream living unravels. As gerontologist Yahnke describes, I could feel the situation rather than just observe.<sup>xxxvii</sup> The kitchen, dining and lounge room are overtaken by books and other items of everyday living such as food, dishes, and the like. The sense of despair is heightened by my ability as the viewer, to co-exist with Iris and her husband within their private setting—a place where they can let their guard down and where they try to deal with the increasing confusion of trying to adapt to personal change in the world that is continuing as it was prior to her onset of dementia. As one carer reflects:

[The film] also brilliantly charts the descent into squalor. Patients with dementia can become unappetising, and seeing the sort of house that I regularly visit displayed on a big screen reminds me of how immune one gets to these surroundings....It portrayed the natural history of Alzheimer's...<sup>xxxviii</sup>

What these film fragments reveal is that stage sets or physical settings position the person not only within the narrative, but also according to the dominant societal understandings. In *Psycho* the interior controls the view and reinforces the stereotype, including the need to fear the mentally disturbed. In *One Flew over the Cuckoo's Nest*, the interior surrounds the person to reinforce their constricted identities and lack of potential, while in *Iris* the person is contextualised and expresses self, but the outcome is not an acceptable way to live in our society.

Such films should not be rejected simply as 'quirky' or 'harmless fun', but should be critically appraised to ascertain attitudes to patients, their families, their doctors and mental health professionals. Speaking in a Hippocratic vein, if a "psychiatric" film does no undeserved harm to these stakeholders and also entertains and has artistic merit, this is for the good. If the film is also accurate and informative, challenges prevailing attitudes and transforms your life, so much the better.<sup>xxxix</sup>

And as Byrne points out, even examining 'unwelcome depictions can uncover important truths'.<sup>xi</sup> By experiencing entertainment and education through film, 'students can learn some delicate intricacies of the personal and social aspects of psychiatric patients, and understand patient perspectives in a better way'.<sup>xii</sup>

The potential of mainstream film is complemented, extended, or contrasted by a series of short videos or documentaries from the National Film and Sound Archive in Canberra, Australia.<sup>xliii</sup> These bricoleur video fragments were made by 'people, who have experienced mental illness, about their paths to recovery'.<sup>xliiii</sup>

It is evident that there is a strong distinction between the person experiencing and the experienced world. Rather than looking *at* the person with ailment or *through* the feelings evoked, or interpreting the person in relation to the settings' characteristics, in this case the Outsider as the viewer is invited to sit beside or within the person. Each of the thirteen videos capture, in two-three minutes, each person's story. In the videos mentioned below, the narrator contrasts their personal experiences as they move from place to place (eg. road trip) and/or one mental state to another (eg. the onset of bipolar episode). Each is different, however, all allow the Outsider to experience something of the world of the person with cognitive impairment. The camera position, the abstractions, and other means of the story-telling, all capture the inner viewpoint, and represent how they look out toward the world. For me, the videos stimulated recognition that change can be

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instantaneous or gradual; and the grasp on reality, as it was known, can slip away even while the person is aware that it is dissipating. How is space or the environment implicated in these clips? The person's need to constantly negotiate one's positioning in space and the world is also evident. Their Insider stories are conveyed through narration and imagery. Their feelings are captured through selected images and the design elements incorporated (colour, texture, scale, light, etc) thereby creating and depicting either internal or external spaces. For example within the videos:

VIDEO CLIPS	Components
'What's normal when you have Bi Polar Disorder?' Four experiential states are presented by expressing:	1. State 1: Colour, pulse, energy, seamless existence with everything, extremely intense; 2. State 2: Contrast black and white, blackness swallowing existence, not normal; 3. Medical intervention: pills, the hospital, bland, sepia; 4. Outcome: shut off locked away, part of self, hunger for vibrant version of self; seeking a middle place;
'I can remember' Two experiential states are conveyed:	State 1. Empty, sad, nothingness, lost in grey and black, pain, restricted, not understood, scared of forever; State 2. Reconnecting, colour, piecing life together, alive;
'My trip to Perth' The first episode of bipolar for a 44-year-old woman, a series of episodes reflect increased pace, energy and lack of control	1. The Journey: typical suburban home, trance-like, light awareness, exploding bitumen, sounds overwhelming, hot, frustrated, restless, excited, walking because can, telling the stories to strangers, unplanned and unpredictable actions: 2. After the Journey: the law, cup of tea.

### What of the Interior ?

Finally, I add to the bricoleur's basket some additional fragments of creative practice through the exploration of interior environments created for people with cognitively impairment. So what can interior design and environmental manipulation add to this bricoleur's narrative, in the quest to understand the experience of cognitive impairment through the integration of visual modes and creative practice? As Evan stresses,<sup>xliv</sup> the built environment affects mental health in two major ways. Characteristics of the built environment can directly influence mental health. These include housing, crowding, noise, indoor air quality, and light. In addition to direct effects, the built environment can indirectly impact mental health by altering psychosocial processes. For example, higher residential density interferes with the development of socially supportive relationships within [and outside] the household.<sup>xliv</sup> As summarized in the introduction, the evolution of the design of environments for people with cognitive impairments, including those deemed to be mentally ill, reflects societal constructions of the condition and of the person who may display symptoms whether mild or severe, short term or long term.

Today, environments are seen to be potentially therapeutic and the perceived need for institutional care reduced or removed. However, the ability of those with mental illnesses to cope with mainstream contemporary life has been questioned. This has implications for everyday environments. New approaches and design solutions may be needed. The interweaving of all people into mainstream society demands ways to cater for the needs of such a diverse group and reinforces the need to recognise and include the increasing numbers of people involved, who do have some form of cognitive impairment or mental illness.

Using the previous examples as clues, designing can inform or facilitate occupancy.

Imagine a reception counter for a public service provider. The integration of screens or bars establishes a very different atmosphere than glass barrier or an open bench does. The outcome



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signifies the relationship between the person – for example a young man with brain injury—with the place and its occupants, the service providers. The former as someone who believes the client is someone to be afraid of and controlled. Likewise, if the waiting area isn't manned but requires the service-provider to be summoned by a bell or the like, this can lead to discontent (depending on the construction of time). If it is too hot or too cramped—or if the space leads to a sense of overcrowding, the person may find it hard to concentrate. The result may be that the person with cognitive impairment may become distracted, then may become vocal, and finally in the worst case, agitated and violent. It is not so much the impairment, but the person-in-relationship-to-the environment that leads to the behaviours that are then judged as inappropriate. It has been reported elsewhere how it is not so much the impairment, which leads to the behaviours that are then judged as inappropriate.

Such a scenario was viewed by this bricoleur, however, it could easily have occurred in a bank, supermarket, department store, medical centre for example; and the person could be someone who is a returned soldier, a motorbike accident survivor, a person bearing the result of alcohol or substance abuse or an injury due to a stroke or house hold injury.

Another way the interior is linked to design and cognitive impairment is through the creative act of designing. A person may be able to draw their home or local shop as a way of expressing themselves and their experiences. Similarly, they may also be able to abstract their relations to the environment through colour, symbols—to explain an outcome or to speculate a desire regarding the interior. Workshops such as Maurice Shaw's 'The Architect Within'<sup>xlvi</sup> may have potential to tap into the emotions and insights as the potential user explores their connection with space by designing—through memory and modelling.

### **Unfolding the Insights**

As stated earlier, the fragile distinction between cognitive enhancement and impairment is a challenge. This paper has explored how socially defining someone as insane or impaired in some way has led to a specialised language, systems and places. As the definition has altered with time, so too have the places—their design, finishes, and modes of surveillance. I have considered how, through the evolution of creative works such as painting, a difference in mood can be detected, with different characteristics depending on individual experience. The medium has the potential to convey not only ways of seeing the world but also the experience for its creator of being in that world, and how it may be changing. I have also explored how the unpredictability of change in one's cognitive abilities has been represented through mainstream film by reinterpreting someone's life-story; while the experience of similar changes from an Insider's position are captured in the videos made by people with cognitive impairment. Through the creative medium's episodic format, both narration and images convey the sense of confusion, denial and quest to reach personal normality.

This investigation has revealed a number of key aspects. In summary, the environment portrayed in films or in reality physically manifests societal construction and judgements made regarding cognitive impairment. In contrast, other creative arts allow us to 'see' the individuals differently: that is, through their experience and feelings. The first reflects Outsider views (designers or directors) and the second reflects Insider expressions. By translating the Insider perspective to inform the Outsider, synergies can arise. Rothko integrated colour fields and form; Whiteley used substances to challenge societal norms and access inner dimensions; the video artists used elements

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like motion, colour, and intensity to express first-hand experiences. These creative practices potentially are a means to communicate with, and thereby, inform environmental designers.

Through a brief review of these creative works, I have argued that the built environment can inhibit or facilitate a person's ability to convey their feelings and needs, and can help them live life to the full. For example, the woman experiencing her first bipolar episode, found herself in a foreign setting that had been her 'normal' world the day before, when her behaviour, combining her inner thoughts and external surroundings, would have been more seamless. The resident/patients in the institution in *One Flew Over the Cuckoo's Nest* had accepted their subservient position, as the physical setting and practices constructed them as insane and normalised their relationships.

As designers, if we accept that we are Outsiders and different, while recognising that we operate somewhere between impairment and enhanced cognitive functioning, then our understanding of people with cognitive impairment may remain objectified and somewhat limited. If we accept that what is normal and abnormal is socially constructed and defined, this also applies to ways of living and environments that are deemed appropriate. These constructs may be enforced or evolve; however, the unusual mind challenges us to become aware of how our reality is judged and how others create, depict or read, mainstream as well as renegade realities. As experienced through Rothko's exhibition, the finished painting isn't separate from the creator but is part of artist's 'becoming'. We need to ask, when we create through interior design for others, whose reality is being developed?

The differing media I have considered have raised these questions, and I propose that a deeper and more extensive investigation of creative works will have much to offer. Insights can emerge by deliberately juxtaposing differing people and creative modes. It is clear that there is not only potential, there is a need to work with people with cognitive impairments when designing. This enables new insights to inform the outcome, and therefore, user experience. There is a distinction between merely consulting and actually collaborating with people who have cognitive impairment.

Traditionally, artistic endeavours by people with cognitive impairment aren't normally accepted by mainstream artists because they: live within an institution or the like; haven't been trained through academies; or even if deemed exotic or eccentric artists, their exhibitions are classified 'special' rather than being assessed by mainstream criteria as 'Good'.<sup>xlvii</sup> Among famous artists, Pablo Picasso, Jackson Pollock, Mark Rothko and Vincent van Gogh all reportedly had clinical depression; however, the artist Bobby Baker actively used her art to communicate with professionals helping her as she recovered from depression over 11 years.<sup>xlviii</sup> The move to mainstream society for those with cognitive impairments also raises issues:

... This (be)coming out is from, within, and through multiple spaces of confinement whose walls are discursively constructed in many ways beyond the literal walls of a hospital. When we are made visible, people with mental illnesses are made specimen in the medical image and are made spectacles of violence and absurdity in popular culture. Our forms of self-representation become called 'Outsider Art' and are then pillaged within therapeutic discourses that assume that through our work they can "see" our diagnoses and into our very being.<sup>xlix</sup>

As a result, the level of their social capital is compromised. Is this also true of the process of interior design/interior architecture? Is the potential of users and designers with cognitive impairments (whether mild depression or severe mental illness) compromised through their positioning as Outsider to an Authentic-Design-Process? That is, one controlled by the educated with full

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cognitive faculties. Is it possible to relate in new ways to enable other voices to inform and to contribute to the design of environments more fully? Can creative practices—including design-based acts—be incorporated? Importantly, creative practice has the potential to move beyond the verbal/text based medium to gain insights and generate ideas that could lead to other ways of viewing the world; and also to provide other ways of engaging with and describing the environment for those with mental illness as well as for the designers.

It is important that designers work alongside those who will not only use their designs—but those for whom the design will become an extension of who they are becoming. The process and outcomes may engender a means to express identity. They may also reflect how the environment expresses (or doesn't express) stereotypical understandings, misrepresentations, or in contrast, meaningful reflections of the person's life and who they are and may become. In this way creative practice is a way to come to understand, a way to facilitate becoming and a means to represent others. Delving into the Pandora's Box may offer hope for many.

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